

**INCOME FACT SHEET  
HOME ENERGY ASSISTANCE PROGRAM / REDUCED RATE PROGRAM**

You may qualify for assistance if your household's total gross monthly income does not exceed the income guidelines listed below. The household's income must be verified to receive assistance. See "Examples of Proof of Income" below.

ASSISTANCE PROGRAM INCOME GUIDELINES (Rev. 1/08)										
HEAP (valid through 12/31/08)			Reduced Rate Programs (valid through 5/31/09)							
			RAP City of Santa Clara		SLRAP WLRAP (rev. 7/1/2008)		MID		SPPCo. City of Healdsburg	
Size of Household	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$1,838.50	\$22,062.04	\$4,950.00	\$59,400	\$2,542	\$30,500	\$1,768	\$21,220	\$2,542	\$30,500
2	\$2,404.20	\$28,850.36	\$5,658.33	\$67,900	\$2,542	\$30,500	\$1,768	\$21,220	\$2,542	\$30,500
3	\$2,969.89	\$35,638.68	\$6,366.67	\$76,400	\$2,983	\$35,800	\$2,217	\$26,614	\$2,983	\$35,800
4	\$3,535.58	\$42,427.00	\$7,075.00	\$84,900	\$3,600	\$43,200	\$2,667	\$32,008	\$3,600	\$43,200
5	\$4,101.28	\$49,215.32	\$7,637.50	\$91,650	\$4,217	\$50,600	\$3,116	\$37,402	\$4,217	\$50,600
6	\$4,666.97	\$56,003.64	\$8,204.17	\$98,450	\$4,833	\$58,000	\$3,566	\$42,796	\$4,833	\$58,000
RRP Additional Family Member Amounts:			\$566.67	\$6,800	\$617	\$7,400	\$450	\$5,394	\$617	\$7,400
HEAP Additional Family Member Amounts:	\$106.07	\$1272.81								

**EXAMPLES OF PROOF OF INCOME**

**All proof of income must be current and must show an income amount.**

- Temporary Assistance for Needy Families (TANF): Notice of Action; computer printout; benefit letter; copy of welfare check;
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check;
- Social Security: copy of current check(s); SSA Form 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit;
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan;
- Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income;
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank or agency;
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount;
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department;
- Child and/or Spousal support: copy of current check;
- Support from an Individual: copy of check and statement signed by person providing the support;
- General Assistance: Notice of Action from County Social Services; copy of a current check;
- Student Aid: Financial Aid statement from College or University;
- Veteran's Benefits: letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check;
- Signed Federal Tax Form 1040: ONLY FOR SELF-EMPLOYED

**PLEASE SEND COPIES. ORIGINALS CANNOT BE RETURNED.**

**PLEASE NOTE: W2's are no longer accepted. 2007 Federal Tax Form 1040 (valid through April 15, 2009) will only be accepted for the Self-Employed. Medi-Cal cards are not accepted as proof of income.**

The Department of Community Services and Development does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. For Americans with Disabilities Act/Section 504 and other Equal Opportunity issues, call (916) 558-5755 or TTY (916) 558-5758.

**QUESTIONS/INFORMATION? HEAP 1-866-675-6623  
Deaf or Hearing-Impaired Applicants: CA Relay Service 1-800-725-2922 / TDD/TTY (916) 327-6318**